

Get Glowing **COVID-19 Waiver**

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our workforce and visitors, we are conducting a simple screening questionnaire. Your participation is important and required to help us take precautionary measures to protect you and everyone that come into our van.

Thank you for your time, consideration and truthful responses.

1. You agree to reschedule if you cared for someone diagnosed with COVID-19 within the 14 days of the appointment.

I Agree

2. You agree to reschedule if you experienced any cold or flu-like symptoms within 14 days of the appointment.

I Agree

By signing this agreement, I acknowledge the contagious nature of COVID-19 by my mere presence within this establishment and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and to others, including but limited to , employees, volunteers and program participants and their families. I hereby release the booked business from any and all claims arising from or in connection with any direct COVID-19 impact while visiting.

I AGREE to all of the above.

x _____